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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

NONE ER

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE ER

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]				

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## TITLE

Direct deposit donation

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